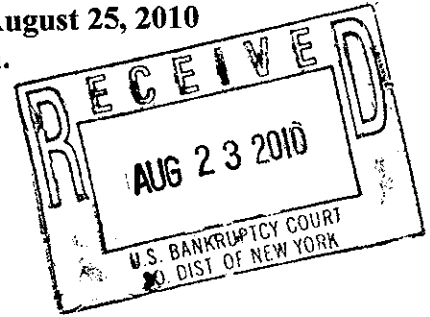


**RAFAEL SOSA**  
Creditor,  
Pro Se  
346 W. Hornbeam Dr.  
Longwood, FL 32779  
(321) 972-4769

Hearing Date: August 25, 2010  
Time: 9:30 a.m.



**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK**

In re:

Chapter 11

**JESUP & LAMONT, INC.,**  
Debtor.

Case No. 10-14133 (AJG)

**AFFIDAVIT OF  
OBJECTION**

**OBJECTION TO DEBTOR'S APPLICATION FOR AUTHORITY TO PAY  
CERTAIN PRE-PETITION WAGES, SALARIES, COMMISSIONS AND OTHER  
EMPLOYEE BENEFITS**

STATE OF FLORIDA     )  
                                  ss:  
COUNTY OF SEMINOLE )

I, **RAFAEL SOSA**, being duly sworn, says:

1. I, reside at 346 W. Hornbeam Dr., Longwood, Florida 32779.
2. I am a former employee of **JESUP & LAMONT, INC.**, Debtor, having received a verbal termination on or about June 29, 2010.
3. This Affidavit is submitted in partial opposition to the Debtor's application to pay petition wages, salaries, commissions and other employee benefits.
4. The basis for my objection is that the amount of money listed as due and owing to me is incorrect, preventing a fair resolution and defeating the purported purpose of the Application.

5. Page 3 of exhibit A estates that I am only owed \$1,797.94, whereas, I am owed the total sum of \$13,543.92, as follows:


April 2010	\$4,794.49 commissions due
May 2010	\$14,883.45 commissions due
June 2010	\$2,137.68 commissions due
<b>Total commissions due</b>	<b>\$21,818.62</b>
Minus, paid 6/15/10	\$9,469.64
Balance due commissions	\$12,348.98
Plus Insurance refund due	\$1,194.94
<b>Total Due</b>	<b>\$13,543.92</b>

6. On June 28, 2010, I e-mailed a breakdown of the sum due and owing to me. A copy of email is attached.
7. The failure to list the total amount due and owed to me appears to be an act of bad faith.
8. The financial hardship caused by loosing my job has been very difficult.
9. The burden has been compounded by the Debtor's refusal to pay all past due sums owed to me.
10. To grant the Debtor's Application without fully paying me defeats the alleged intent and purpose of the application itself.
11. On August 11, 2010, the Court received a copy of my B-10 Proof of Claim. A copy of which is attached with proof of receipt.

**WHEREFORE**, I respectfully request that my claim be fully resolved for the

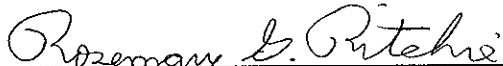
maximum allowable sum of \$11,725 under the Priority granted by and pursuant to, 11 U.S.C. SEC. 507(a) and that I be granted such other and further relief as this Court may deem just and equitable.

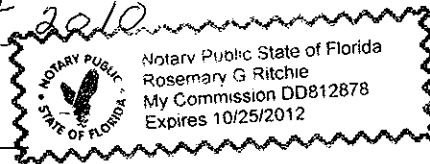
Dated: August 16, 2010

  
\_\_\_\_\_  
**Rafael Sosa, Claimant**  
**Pro Se**

**Sworn to before me**

The 17<sup>th</sup> day of August, 2010

  
\_\_\_\_\_  
**Notary Republic**



SivermanAcampora, LLP  
Proposed Attorneys for Jesup and Lamont, Inc.  
100 Jericho Quadrangle, Suite 300  
Jericho, New York 11753  
(516)479-6300  
Ronald J. Friedman  
Adam L. Rosen  
Attn: Sheryl P. Busell

Clerk the United States Bankruptcy Court  
Alexander Hamilton U.S Custom House  
One Bowling Green  
New York, NY 10004-1408

Chambers of Judge Arthur J. Gonzalez  
One Bowling Green  
New York, NY 10004

United States Trustee  
33 Whitehall 21<sup>st</sup> Floor  
New York, NY 10004  
Attn: Brian S. Masumoto

<b>UNITED STATES BANKRUPTCY COURT</b> Southern District of New York		<b>PROOF OF CLAIM</b>
Name of Debtor: <b>Jesup &amp; Lamont</b>		Case Number: <b>10-14133</b>
<i>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</i>		
Name of Creditor (the person or other entity to whom the debtor owes money or property): <b>Rafael Sosa</b>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____ (If known)  Filed on: _____
Name and address where notices should be sent: <b>346 W Hornbeam Drive Longwood, Florida 32779</b>		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
Telephone number: <b>(407) 765-5813</b>		
Name and address where payment should be sent (if different from above):     Telephone number: _____		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed:     \$ <u>12,348.98</u>  If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.  If all or part of your claim is entitled to priority, complete item 5.  <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		
2. Basis for Claim: <u>Wages and Commissions</u> (See instruction #2 on reverse side.)		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.  Specify the priority of the claim.  <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).  <input checked="" type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507 (a)(4).  <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5).  <input type="checkbox"/> Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507 (a)(7).  <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507 (a)(8).  <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507 (a)( ).  Amount entitled to priority:  \$ <u>11,725.00</u>
3. Last four digits of any number by which creditor identifies debtor: <u>5978</u>  3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.  Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe:  Value of Property: \$ _____ Annual Interest Rate _____ %  Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____  Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		*Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.  7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)  DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.  If the documents are not available, please explain:		
Date: <b>08/05/2010</b>	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.  <b>Rafael Sosa Managing Director</b>	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

NEW YORK NY 100

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

RAFAEL SOSA  
346 W. Hornbeam Drive  
Longwood, FL 32779

45



## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

United States Bankruptcy  
Court  
1 Bowling Green  
New York, NY  
10004

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes ☐ No ☒  
If YES, enter delivery address below:

AUG 11 2010

U.S. BANKRUPTCY COURT

SO. DIST. OF NEW YORK

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes2. Article Number  
(Transfer from service label)

7008 1830 0000 4603 5807

PS Form 3811, February 2004

Domestic Return Receipt

102585-02-M-1540

**Subject** FW: Money owed by Firm  
**From** Rafael Sosa <rsosa@jesuplamont.com>  
**Date** Friday, July 2, 2010 4:01 pm  
**To** r211s@optonline.net

Rafael Sosa

Managing Director  
 Equity Trading  
 Jesup & Lamont Securities Corp  
 407-774-1334  
 rsosa@jesuplamont.com

---

From: Rafael Sosa  
 Sent: Wed 6/30/2010 7:29 AM  
 To: Steve Rabinovici; Alan Weichselbaum  
 Subject: Fwd: Money owed by Firm

From: "Rafael Sosa" <rsosa@jesuplamont.com>  
 Date: June 28, 2010 9:28:05 AM EDT  
 To: "Roger Morel" <rmorel@jesuplamont.com>  
 Cc: "William Holub" <wholub@jesuplamont.com>, "Brian Reschke" <breschke@jesuplamont.com>  
 Subject: Money owed by Firm

Hi Roger,

So far this is what the company owes me:

April \$4,797.49

May \$14,883.45

June \$2,137.68

Total \$21,818.62

Minus Paid -\$9,469.64

Still Due \$12,348.98

The differences were reconciled and we have additional money for this month. As you know all my bank accounts were frozen by Child support due to lack of payment. Please see how this can be paid as soon as possible.

Thanks,

Rafael Sosa

Equity Trading Managing Director

Jesup and Lamont Securities

407-774-1334

Cell 407-765-5813

Jesup & Lamont Securities

623 Fifth Avenue

New York, NY 10022

Tel: 212-307-2660

Fax: 212-757-7478

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Message from: rsosa@jesuplamont.com

Message to: r211s@optonline.net

Attached files: 0

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